STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

NOW	1.	FOR STATE REGISTRAR		DEPART		EALTH AND MENTAL HYG	IENE 8 /	10.	<b>J</b> 3	5 0
VOV		CASED NAME FIRST	CONTRACTOR OF THE PARTY OF THE	MIDDLE	l.	AST	20. DATE OF DEATH	MONTH	DAY YEAR	2b HOUR
	. (TYPE	Annabe	11a :	ohnson	В	owens		11	2 87	6:40A
	3. SE		4 RACE	011110 011	S. DATE C	OF BIRTH	6 AGE (IN YEARS LAST B	RTHDAY)	IF UNDER 1 YEAR	IF UNDER 24 H
	R	EMALE	BLA	CV	1 2	15 1905	0.1	VDC	MONTHS DAYS	HOURS
01	70. B	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8		9 BALTIMORE CITY	YRS OR COUNT	Y OF DEATH	
54		(D	TICA		MARRIE	D NEVER MARRIED .	IIA GIITNOM			
		ITY OR TOWN OF DEATH			NG HOME C	OR OTHER INSTITUTION	WASHINGT 120 USUAL OCCUPAT	ION		F BUSINESS
16		Boonsboro	Reed	lers Memo	rial I	Home	HOUSEKEEP		DOMES.	CIC
B	130. 5	AL RESIDENCE (IF MURS GHOME O STATE 36 GOU D	NTY  RICK	13c CITY OR TOW WALKERS	VN	134 INSIDE CITY LIMITS?	13e.STREET ADDRESS Water Str			93
IN	13 F/	ATHER'S NAME	MIDDLE	LAST		15 MOTHER'S MAIDEN NAM	AE MIDDLE		LA	
21	/ J		NRY	SMITH	, SR.	SARAH	ELIZA			OHNSON
0/		VAS DECEASED EVER IN U.S. A	RMED FORCES?	166 SOCIAL SECU	URITY NO.	17 INFORMANT	ADDR	ESS		1
4		O N/	A	215-26-		Paul Bowens,	Sr., 906	Young		
The same		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUS	nly ane cause per ED BY:			4			BETWEEN	IMATE INTERVAL ONSET AND DEA
8		IMMEDIA	TE CAUSE (a)	Car	alio	Respiration &	rilan		tw	my
other traumal		Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last	(b)_	R AS A CONSEOU		CVA		-	3 1	wit
injury, or o	NOI	PART 2 OTHER SIGNIFICANT	112	,	DEATH BUT		inal disease or cop	NDITION GI	IVEN IN PART II	a
9	CERTIFICATION	19a DATE OF OPERATION	19b. COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	IN CERT	ES, WERE FINDI IFYING CAUSES (ES []	OF DEATH?
em 18 st		210. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING [] CAUSE OF DE  (IF EITHER NOTIFY MEDICAL EXAMINE	ATH HOUR A.	M. MONTH D	AY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJ	BI MATEM IN	PART 1 OR PART ?)	
ed or the	MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY IEET, FACTORY OFFICE,	FARM ETC )	21f LOCATION STREET	CITY OR T	NWC	COUNTY	STATE
rked		AT WORK AT WORK								
f frem 21 is morked or		22a. I certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n 22b. SIGNATURE	at) view the bady	19_	₹ <b>7</b> . ar	nd that in (my) (aur) opinion of DEGREE	death accurred an the c	late and ha	22c. DATE	causes stated
f frem 21 is		22a. I certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	at) view the bady	19_	₹2. ar	nd that in (my) (aur) apinian of DEGREE  ATTENDING PHYSICIAN		late and ha	22c. DATE	causes stated
f frem 21 is		22a. I certify that (I) (this hasp saw the deceased alive a abave, (I) (we) (did) (did n 22b. SIGNATURE	n los dational view the body	19_	₹ <b>7</b> . ar	nd that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA	AFF CIAN	22c. DATE	SIGNED
Item 2] is		22a. I certify that (1) (this hasp saw the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE  22a. PHYSICIAN'S NAME (TYPE	on los on the body	after death. 19	NAME OF C	nd that in (my) (aur) apinion of DEGREE  ATTENDING PHYSICIAN  22e ADDRESS	MEDICAL STA DIRECTOR PHYSI  334 LOCATION CITY OR TOWN	AFF CIAN []	22c. DATE	couses stated SIGNED

1621 Opossumtown Pike, Frederick, MD 21701

DHMH - 16 60M 7/84 (VRA 15, 4)

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TO FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physic should be detached for use as the burial-transit permit. Then please remove carbon pape with the State Dept. of Health and Mental Hygiene prior to burial, cremotion, or removae

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DHMH - 16 60M 7/B4

(VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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-9 8 <sup>1</sup>	FOR STATE REGISTRAR	DEPAR		EALTH AND MENTAL HYG	IENE / S	3 5 5 %
	DECEASED NAME FIRST	MIDDLE	L	AST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
(1	Conova	a N.M.N.	T	AY	November 2 3	1000
3 9	SEX	4. RACE	5. DATE C		November 2. ]	987 M I I F UNDER 1 YEAR I IF UNDER 24 HRS
	Male	White		4, 1888 YEAR	99 YRS.	MONTHS DAYS HOURS MIN.
3):	BIRTHPLACE (STATE OR FOREIGN COUNTRY) Missouri	76. CITIZEN OF WHAT COUNTRY U.S.A.	Y? 8 MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9. BALTIMORE CITY OR COUNT Washington	Y OF DEATH
10.	CITY OR TOWN OF DEATH Hagerstown	11. NAME OF HOSPITAL, NURS  (IF NOT IN SUCH FACILITY, GIVE STRE  2417 Pennsylv.	SING HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE	126 KIND OF BUSINESS OR
5 130	Maryland Was	or other institution, give residence before unity 13c. CITY or to Hagerst	NWN	13d. INSIDE CITY LIMITS? YES NO X	13e.STREET ADDRESS / ZIP COD 2417 Pennsylva	
	FATHER'S NAME FIRST  James	MIDDLE Day		Dolly	ME	Adams
160	WAS DECEASED EVER IN U.S. A		CURITY NO.	17 INFORMANT	ADDRESS	
10	(YES, NO OR UNKNOWN) (IF YES, C	705-16-	0249	Janlee Vian	ds, Hagerstown,	Md.
NO	Conditions, if any, which gove rise to immediate cause (a), stating the underlying cause lost  PART 2 OTHER SIGNIFICANT  CO Let 1	DUE TO, OR AS A CONSEO  (c)  T CONDITIONS CONTRIBUTING TO  THE OF THE OWN OWN OF THE OWN	UENCE OF	NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION GI	IVEN IN PART I I O
CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATIO	N WAS PERFORMED	INCERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? 'ES \( \sqrt{NO} \)
-4	00 000 170 10 10 10 10 10 10 10 10 10	DEATH HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY OCCURR	RED (ENTER NATURE OF INJURY IN ITEM 18	PART ( OR PART 2)
MEDICAL	21d INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E, FARM, ETC )	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
	220.1 certify that (1) this has saw the deceased alive a above, (1) (we) (did) (did	death occurred on the date and ha	ur and from the couses stated			
	226 SIGNATURE RO	22c. DATE SIGNED				
1	ECT ROZ			WASHING TO	od county t	MOSPITAL
	Burial, CREMATION, REMOVA	Nov. 4. 1987	reenla	EMETERY OR CREMATORY WIN MEMORIAL PI		
24	Davis Funeral He	ome, Smithsburg,	Md.,	03880	REC'D. BY REGISTRAR 25b. REGIS	

to figure year to the first the terminal of the contract of th 1 , 5 on of the female of the Carlo and a second dicorespent. .nata - 150 975-11-7764 Jonles tords, Japanesova, 26.

user 1 and, dram bry, ed., 217 3 - NOVO a per second

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be

retained by the hospital or attending physicion

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deoth. Page 4 may be

NOV -9

ely filled in by the funeral director, page 3 shootd be filed within 72 hours after death

## STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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- L	FOR STATE REGISTRAR				EALTH AND MENTAL HYG		3 3 3	9
I. DE	CEASED NAME	FIRST	BEUL	MDIDLE L	AST	REG. NO.  20. DATE OF DEATH MO	ONTH DAY YEAR 2	b HOUR
	OR PRINT)		PEOL	贺 口	1+-	17	n 3 97	2.20
3. SE	mar	doce.	RACE	S. DATE C	DE RIPTH	6. AGE (IN YEARS LAST BIRTHD.	AY) IF UNDER 1 YEAR IN	UNDER 24 HRS
3. 32.	£	7	00	MONTH	DAY YEAR	01		OURS MIN.
7. 01	RTHPLACE (STATE OR	10001CH 71	CITIZENI GEN	WHAT COUNTRY? 8	24 06	9. BALTIMORE CITY OR C	OUNTY OF DEATH	
- 0	COUNTRY			MARRIE	D NEVER MARRIED	A. C.		
	ennsylvani		USA	WIDOWE		Washing		MD.
			(IF NOT IN SUCI	H FACILITY, GIVE STREET ADDRESS!		LTYPE OF WORK FOR MOST OF W	ORKING LIFET INDUSTRY	003114E33 OK
1	agerstown			Villa Nursing	д ноте	homemaker		
13a. S	STATE	13b. COUNTY		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e STREET ADDRESS		
_	ryland	Washi	ngton	Hagerstown	YES 🔀 NO	11 W. Balti	more Street	21740
14. FA	ATHER'S NAME	M1D	DIE	LAST	15. MOTHER'S MAIDEN NA/	MIDDLE	LAST	
	Robert	Α.		Bailey	Sarah	Т.	Fink	
16a. V	VAS DECEASED EVER YES, NO OR UNKNOWN)	IN U.S. ARME		16b. SOCIAL SECURITY NO.	17. INFORMANT	ADDRESS		
	no	(11 123, 0112 11	an on onico,	218-08-9498	Robert Foltz	, Sr., Willi		
	18 CAUSE OF DEAT	H (Enter only o	one couse per	line for (a), (b), and (c).)			APPROXIMA BETWEEN ON	TE INTERVAL SET AND DEATH
H	PART I. DEATH V	VAS CAUSED E		Core	diac a	red		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		R AS A CONSEQUENCE OF	N			
	Conditions, if any	, which	(6)	Cancer	of Brea	110		
	gove rise to im-	mediate	DUE TO OF	R AS A CONSEQUENCE OF	+ (			
1	underlying couse	-	(2)	AS A CONSEQUENCE OF				
	PART 2. OTHER SIG	NIFICANT COI	NDITIONS CO	INTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CONDIT	ION GIVEN IN PART 1(0)	
N O								
CERTIFICATION	19a. DATE OF OPERA	TION	19b. CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED	20a AUTOPSY? 2	Ob. IF YES, WERE FINDING	S USED
ĬĔ						YES NO	N CERTIFYING CAUSES OF	NO [
1	21a. ACCIDENT WAS UN	DERLYING	21b. TIME O		21c HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY IF	NITEM IS PART   OR PART 2)	
	OR CONTRIBUTING		HOUR A./	M. MONTH DAY YEAR M. 19				
MEDICAL	21d INJURY OCCUR		21e. PLACE O	OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY	STATE
ξ	WHILE NOT W	MILE	(AT HOME STR	EET, FACTORY, OFFICE, FARM ETC )	STREET	CITA OK TOWN	COUNTY	STATE
	22a.1 certify that (I)		ottended the	e deceased from	19	to	19 the	at (I) (we) lost
	sow the deceas	ed olive on		.19	nd that in (my) (our) apinion			
	above, (I) (we) ( 22b. SIGNATURE	did) (did not) v	iew the body		DEGREE		22c DAJE SK	GNED
			0	26 2.8 6	MA ATTENDING PHYSICIAN P	MEDICAL STAFF	11/3/	82
	22d. PHYSICIAN'S N	AME (TYPE OR PE	INTI	11-10-50	220 ADDRESS	DIRECTOR PHYSICIAL	NU TY	
	ABOUL	WH	HERD	_ cup	1610-OHKH	il ME t	HAGERSTOWN	· m)
23a 8	BURIAL, CREMATION	REMOVAL	23b. DATE	23c NAME OF C	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
15	urial		Nov. 6	,1987   Cedar I	Lawn Mem.Park	TT	, Wash., Mar	yland
24. FL	UNERAL DIRECTOR	MINN	ICH FU	NERAL HOME	NY RAT	E REC'D. BY REGISTRAR 251	REGISTRAR'S SIGNATUR	RE
41	5 E. Wilso	on Blvd	., Hag	erstown, Md. 2	21740	06 1987		
						U	The find	60

DHMH - 16 50M 1/BI (VRA 15, 4)

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IMPORTANT: If Item 21 is morked at Item 18 than any injury, or other traumatic event, the m

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicil should be detached for use as the burial-transit permit. Then please remove carbon papers with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar remaval.

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FOR STATE

## STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIEN CERTIFICATE OF DEATH

REG NO

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				REG. N		
I. DEC	EASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YE	AR 26 HOUR
, 01	ANNET	TA ElizAB			11 1 8	13
3. 5EA	1.	RACE	5. DATE OF BIRTH  MONTH DAY YEAR_	6 AGE (IN YEARS LAST BI	MONTHS D	
1	TEMALE	CAUCASION	10 04 180	B 44	YRS.	
7n. 88	ETHPLACE (STATE OF PORTION 76.	CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF DEAT	H
116	USA-Md	USA	WIDOWED DIVORCED		NG-TON 1	Co
10 CI	TY OR TOWN OF DEATH		NG HOME OR OTHER INSTITUTION	12e USUAL OCCUPAT	ION 126 KII	ND OF BUSINESS
H	ALEPATAWN	(IE NOT IN SUCH FACILITY, GIVE STREET	1 EM CONV HAL	HULLSEL	OF WORKING LIFE) INDUS	HOME
		HER INSTITUTION GIVE RESIDENCE BEFOR		1	YII Las	2123
The S	STATE 136 COUNTY	7173/	1 13d. INSIDE CITY LIMITS	1801 DA	THOUSIE.	GIA T-1
IA: FA	(HER'S NAME	More in 2123	15. MOTHER'S MAIDEN			1
36	HEND 1 "0	CA CAST	MA FIRST	AL- 11 MIDDLE	B	LAST
9	VAS DECEASED EVER IN U.S. ARME	D FORCEST 166 SOCIAL SEC	URITY NO. 17 INFORMANT	ADDR	ESS O	SUMM
	ES NO DELINENDWN)   (# YES GIVE W		-101	H': Beers E	121 timore	. MD 21
	NO	WOO	3111 Margarec	d. peers r	" "Liber I was an	PROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter only I PART I. DEATH WAS CAUSED B		nd (c)		BETY	WEEN ONSET AND DE
	IMMEDIATE (					
		DUE TO, OR AS A CONSEQU	ENCE OF			2
	Conditions, if any, which	(10)	Huch	CILA	I1	21300 1761
				- 471		1
	gove rise to immediate course init stating the	DUE TO OR AS A CONSEQU	ENCE OF			7 1 2 3
		DUE TO, OR AS A CONSEQU	ENCE OF ASCUA		5	M
	course tail stating the underlying cause last.	(c)	DEATH BUT NOT RELATED TO THE T	erminal disease or con	IDITION GIVEN IN EA	M lio
NO	course tail stating the underlying cause last.	(c)	A5040	ERMINAL DISEASE OR CON	IDITION GIVEN N	li lio
CATION	course tail stating the underlying cause last.	nditions <u>contributing to</u>	A5040	ERMINAL DISEASE OR CON	200 AF YES, WERE FI	INDINGS USED
THICATION	PART 2. OTHER SIGNIFICANT COL	nditions <u>contributing to</u>	DEATH BUT NOT RELATED TO THE T			INDINGS USED
CERTIFICATION	PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE THE TO THE THE TO THE THE TO THE THE TO THE T	20a AUTOPSY?	200 AF YES, WERE FI AN CERTIFYING CAT YES [	INDINGS USED USES OF DEATH? NO []
CERT	PART 2. OTHER SIGNIFICANT COL	NDITIONS CONTRIBUTING TO  196 CONDITION FOR WHICH  216 TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE THE TOTAL PROPERTION WAS PERFORMED  21c HOW INJURY OCCUPANT AND THE TOTAL PROPERTIES OF THE TOTAL	200 AUTOPSY?	200 AF YES, WERE FI AN CERTIFYING CAT YES [	INDINGS USED USES OF DEATH? NO []
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CERT	PART 2. OTHER SIGNIFICANT COLUMN DATE OF OPERATION  The ACCESSI WAS UNDERLYING CONCONTRACTOR CONTROLLING CAUSE OF SEATH (F EDIRE, INCIDENCE DECEMBER)  THE INJURY OCCURRED  THE PRINCIPL OF COURSED  THE PRINCIPL OF COURSED  THE PRINCIPL OF COURSED  THE PRINCIPL OF COURSED  TO THE PRI	196 CONDITION FOR WHICH 216 TIME OF PULLEY HOUR A.M. MONTH D P.M. 116 PLACE OF INJURY	DEATH BUT NOT RELATED TO THE THOPERATION WAS PERFORMED  21c HOW INJURY OCCUPANT TO THE THOPERATION WAS PERFORMED  21c HOW INJURY OCCUPANT TO THE THOPERATION TO THE	200 AUTOPSY?  YES NOTE  CURRED (ENTER NATURE OF INJECTITY OR TO	200 MF YES, WERE FIND CERTIFYING CAI YES  URY IN ITEM 18 PART 1 OR PAG DWN COUNT	INDINGS USED USES OF DEATH? NO
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MEDICAL CERT	SOURCE TOTAL STIRTING THE UNDERLYING COMMENT OF COMMENT	19b CONDITION FOR WHICH 21b TIME OF RUURY HOUR A.M. MONTH D P.M. 31c PLACE OF INJURY 187 HOW, DRIEL PACTOR OFFICE 1 attended the deceased from 19 years the body after death.	DEATH BUT NOT RELATED TO THE THOPERATION WAS PERFORMED  21c HOW INJURY OCCUPANT OF THE THOPERATION WAS PERFORMED  21c HOW INJURY OCCUPANT OF THE THOPERATION OF THE THOPERATION OF THE THOPERATION OF THE THOPERATION OF THE	200 AUTOPSY?  YES NO CITY OR TO  CITY OR TO  TO TO TO TO TO TO TO TO TO TO TO TO TO T	200 MF YES, WERE FIND CERTIFYING CAI YES   DWN COUNT  19  lote and hour and from	INDINGS USED USES OF DEATH? NO

DHMH - 16 50M 4/83 (VRA 15, 4)

10 FUNERAL DIRECTOR, After should be detached for use as the with the State Dept, of Health a

TO MOSPITAL OR ATTENDING PHYSICIAN. The law requires that relained by the hospital or attending physician.

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	death of the	(TYP	ORPRINT) Devi	ONA	Catherine	m	ELROY	20 DATE OF DEATH	12	SA JAM
	oge 4 mo	3. SE	F	4. RACE	Can	5. DATE C	F BIRTH VEAR	9. BALTIMORE CITY	YRS	DAYS HOURS MIN.
	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		RTHPLACE (STATE OR FORE		EN OF WHAT COUNTR USA ME OF HOSPITAL, NUR	WIDOWE		0 WAS	hong to	MD.
201	17119	1	Try or Town OF DEATH	KA	OT IN SUCH FACILITY, GIVE STRI	EET MODRESS)	Lap.	(TYPE OF WORK FOR MOST ( KITCHEN H)	F WORKING LIFE) INDU	
AND 21	n 24 hou	lla.	mo	MASZ.	13. CITY OR TO	NWO	13d. INSIDE CUPY LIMITS YES NO 15. MOTHER'S MAIDEN	RTB	1 327	21779
MARYL	1 21/	III. F.	Samue1	J.	Wede	dle	Olive	V.		ce
BALTIMORE,	n and co	160	WAS DECEASED EVER IN YES, NO OR UNKNOWN) (	U.S. ARMED FO	RCES? 166. SOCIAL SE 214-16	-1850	Audrey M.	Smith, Route		21779
PRESTON ST., BAL	e death certificate move carbon appropriation of strings of trainmalit, event, the		PART I. DEATH WAS	CAUSED BY: MEDIATE CAUSI  DUI  which diate	E TO, OR AS A CONSEC (b)	DUENCE OF	fol Co	hurs Co	r P. B	PPROXIMATE PATERVAL WEEN ONSET AND DEATH
201 W.	n in requires that the man signed by the period of the please of the principle of the princ	CERTIFICATION	PART 2 OTHER SIGNIF	ICANT CONDITI	ETO, OR AS A CONSEC (c) ONS CONTRIBUTING TO CONDITION FOR WHI	O DEATH BUT	N WAS PERFORMED	TERMINAL DISEASE OR CON	20b. IF YES, WERE I	
DIVISION OF VITAL RECORDS,	SECIAN. The ng physicia certificate b modification ental thygie them (Bulha	MEDICAL CERT	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER NOTIFY MEDICAL	JSE OF DEATH HO	TIME OF INJURY OUR A.M. MONTH P.M.	DAY YEAR		CURRED (ENTER NATURE OF INJI		
DIVISIO	NG Phry attention outher the outher the outher the	MED	21d. INJURY OCCURRED	(AT	PLACE OF INJURY HOME, STREET, FACTORY, OFFI		STREET	CITY OR TO		
•	TAL OR ATTENDO y the bassial or AL DIRECTOR, A denoched for use note Dept. of Heal VI. If them 21 is in		sow the deceosed obove, (I) (we) (did 771 SIGNATURE	olive on	he body after death.	87.0	DEGREE ATTENDIN PHYSICIA	inion death occurred on the course on the course on the course on the course of the co	late and hour and fro	m the couses stoted  DATE SIGNED
	o HOSPIT stoined by TO FUNER thould be d with the Sto		GERALD	J.J.	Scott.		346 /	1 1 5 1. 12 ORY 1234 LOCATION	System	nd 2114
	BP		BURIAL, CREMATION, RE	Nov	v. 5, 1987	Rose H	EMETERY OR CRÉMATO	ry Hagersto	wn, Wash.,	
	DHMH - 16 50M 1/B1 (VRA 15, 4)	24 8	UNERAL DIRECTOR M 15 E. Wilso	n Blvd.	Hagerstow	n, Md.	21740	04 6 1987 TRA	25b. REGISTRAR'S S	ignature - nandell

SERT . TEST

retained by the haspital or attending physician.

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

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## FOR

## DEPA

STATE OF MARYLAND			~1	700	6
RTMENT OF HEALTH AND MENTAL HYGIENS	1	J.	13	well	V
CERTIFICATE OF DEATH					

37 T	3 0	REGISTRAR			CEKITE	ICATE OF DEATH	REG. N	0.								
1		EASED NAME FIRST	New	FOR	,	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR						
-1	(TYPE	I Saa		con	Pur	dham		11 2	L 81	64%						
1	3. SE)		4 RACE		5. DATE C	OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	IF UNDER 24						
	m	ale	white		Apri	$128^{AY}$ $1907$	80	YRS.	ONTHS DAYS	HOURS M						
3		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WI	HAT COUNTRY?	8.	D 🖾 NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH							
	V	ountry irginia	USA		WIDOWE		Washing	gton								
7	-	ry or town of DEATH	11. NAME OF HO	SPITAL, NURSING ACILITY, GIVE STREET COUR	ADDRESS)	or other institution of spital	12a. USUAL OCCUPAT (TYPE OF WORK FOR MOST O Droductio	OF WORKING LIFE		of Business						
5	13a. S	AL RESIDENCE (IF NURSING HOME C TATE 13b. COU aryland Wast		ve residence before 3c. CITY OR TOW Hagerst	N	YES NO 🗓	13. STREET ADDRESS 115 Harv	wood Re	oad 2	21740						
0	14. FA	THER'S NAME  David	V66 WIDDIE	Purdham	1	15 MOTHER'S MAIDEN NAV	MIDDLE Bel:	1	Key	yser						
7		AS DECEASED EVER IN U.S. A		66. SOCIAL SECU	IRITY NO.	17. INFORMANT	ADDRI	ESS								
/	n		VE WAR OR DATES)	304-10-5	5056	Elsie L. Pur	dham, Hager	rstown	n, Md.							
	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause lal, stating the underlying cause last.  PART 2 OTHER SIGNIFICANT	CONDITIONS CON	AS A CONSEQUE	DEATH BUT		INAL DISEASE OR CON	20b. IF YES,	, WERE FINDI	NGS USED						
7		TIFIC	TIFIC	TIFIC	TIFIC	TIFIC	TIFIC	TIFIC.	The Date of Orenandar	1,72 co.15				YES NO		YING CAUSES
7	_	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER NOTIFY MEDICAL EXAMIN	R) P.M.	MONTH D	AY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	JRY IN ITEM 18 PA	ART I OR PART 2)							
	MEDICAL	21d. INJURY OCCURRED  WHILE NOT WHILE AT WORK	21e. PLACE OF (AT HOME, STREE	F INJURY T, FACTORY, OFFICE, F	FARM, ETC )	211 LOCATION STREET	CITY OR TO	NWC	COUNTY	STA						
		220.1 certify that (1) (this has saw the deceased alive a abave, (1) (we) (did) (did n	n	19	a	nd that in (my) (our) apinion (	death accurred an the d		and fram the							
		22b. SIGNATURE	G	).004-	= 4 0	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		22c DATE	1/87						
I		ABDUL W	ALLERD,	MD		1610 - OAK }	till Ne /	FAGRER	stown.	wn						
	23a B	URIAL, CREMATION, REMOVA SPECIFY) Urial	Nov.5,1			EMETERY OR CREMATORY Eul View Cem.	State Li	ne. Fr	anklin	. Passia						
				ERAL HON			EREC'D. BY REGISTRAN									
1	4	15 E. Wilson B		ADDRESS		MCN/	0 6 1987 Ju	in Deine	Ina By	delle						